

----- BUSINESS SENSITIVE (with entry) -----

**FORM FOR DEPARTMENT OF ENERGY (DOE) EMPLOYEES, OTHER GOVERNMENT AGENCIES AND ORO GOVERNMENT CONTRACTORS REQUESTING ACCESS TO BECHTEL JACOBS COMPANY LLC-MANAGED AIS RESOURCES**

A. NAME \_\_\_\_\_ B. PHONE \_\_\_\_\_ C. UID \_\_\_\_\_

D. BADGE NUMBER \_\_\_\_\_ E. SOC. SEC. NUMBER \_\_\_\_\_

F. ADDRESS:

DIVISION NAME \_\_\_\_\_ E-MAIL NAME \_\_\_\_\_

ROUTE SYMBOL/ORG. CODE \_\_\_\_\_ BRANCH NAME \_\_\_\_\_

BUILDING \_\_\_\_\_ MAIL STOP \_\_\_\_\_ ROOM \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

G. EMPLOYER: \_\_\_\_\_

H. CITIZENSHIP: USA \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

I. CURRENT CLEARANCE LEVEL: NONE \_\_\_\_\_ DOE Q \_\_\_\_\_ DOE L \_\_\_\_\_

OTHER US GOVERNMENT AGENCY (SPECIFY) \_\_\_\_\_

J. ACCESS REQUEST: I am requesting access to the following BJC AIS Resources:

Unclassified: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Classified: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

K. Charge Number (account, work order, or request no.) \_\_\_\_\_ (for new UID only)

**APPLICANT RESPONSIBILITY STATEMENT**

This access is required in the normal course of my employment or other association with Bechtel Jacobs Company (BJC). I agree to abide by all applicable BJC and DOE procedures and regulations governing these AIS resources. I understand that the AIS system(s) for which I am requesting access contain(s) information which is the property of the DOE and/or BJC, and that I will treat and protect such information in a manner consistent with its sensitivity and that none of this information will be disclosed to others or retained by me at the end of my employment or other association with BJC. I also understand that I am responsible for the protection of such information while it is in my possession or control and that the release of said information may be a violation of Federal Laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DOE DIVISION MANAGER OR CONTRACTING OFFICER REPRESENTATIVE STATEMENT**

I have reviewed and concur with the request to access the DOE BJC-managed AIS resource(s) for the individual named in Section A of this form.

\_\_\_\_\_  
(type/print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DOE/IRMD AUTHORIZER STATEMENT**

I have reviewed the request to access the DOE and BJC-managed AIS resource(s) for the individual named in Section A of this form and approve access to the AIS resources specified in Section J.

\_\_\_\_\_  
(type/print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

## INSTRUCTION SHEET

**Applicant. Complete the following sections, sign, and date form.**

- A. **Name.** Enter first, middle, and last name.
- B. **Phone.** Enter phone number used during normal business hours.
- C. **UID.** Include identification (UID) as assigned by Computer Access Authorizations (CAA) [574-4000]. If requesting a UID, indicate “new” so that one may be assigned.
- D. **Badge Number.** Specify DOE employee badge number.
- E. **Social Security Number.** Enter social security number.
- F. **Address.** Enter complete business mailing address (If prime contractor to DOE, indicate Company name and address information, must include Route Symbol).
- G. **Employer.** Indicate which DOE facility (i.e., FOB, OSTI).
- H. **Citizenship.** If other than USA, provide country of citizenship after “Other (Specify)”.
- I. **Current Clearance Level.** Specify any U.S. Government Agency clearance level currently possessed or specify “NONE”.
- J. **Access Request.** Enter the name(s) of the AIS resource(s) for which access is being requested [i.e., Windows NT Domain (NTOR)].
- K. **Computer Charge Number.** Enter a valid computer charge number (dictated per Requestor's Route Symbol). Sign and date the completed form, thereby **agreeing to the Applicant Responsibility Statement**.

The applicant should then complete the [Responsibilities of Users of Computer Facilities](#) form.

The applicant should then ensure that the form is signed by the appropriate DOE Division Manager or Contracting Officer Representative.

**DOE Authorizer: Complete the Authorization Statement by:**

- A. Reviewing the applicant’s information;
- B. Signing the form signifying access approval or electing not to sign and typing **Denied** in the signature block; and,
- C. Forwarding to:
  - D. SAIC/ITS Computer Access Authorizations
  - E. Internal/plant mail: CAA, 151LAF, MS-SAIC
  - F. External mail: CAA, SAIC
  - G. 301 Laboratory Road
  - H. Oak Ridge, TN 37830
  - I. or
  - J. P.O. Box 2501
  - K. Oak Ridge, TN, 37831

**Comments or questions? Contact [Craig Emerson](#)**

[CAA Forms](#) | [Helpline](#) | [BJC Home](#) | [BJC Site Index](#)

**SECURITY NOTICE** • Use of this system constitutes consent to security monitoring and testing. All activity is logged with your host name and IP address.

Developed and maintained by SAIC Technology Services Company